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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT**

|                        |                  |
|------------------------|------------------|
| Application Number     | 10/004,545       |
| Filing Date            | December 5, 2001 |
| First Named Inventor   | ALLEN            |
| Group Art Unit         | 2681             |
| Examiner Name          |                  |
| Attorney Docket Number | 24120-002        |

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Applicant has an unpaid balance with attorney of record over six months old. This request is made on behalf of myself and all the attorneys/agents of record. A copy of this request is being provided (via 1st class mail &amp; certified mail) to the last known address of the applicant.

As of January 26, 2004, no office action has issued. It is therefore submitted that the client/applicant would not be prejudiced by the granting of this petition.

1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:

## CORRESPONDENCE ADDRESS

☐ Customer Number

OR

Place Customer Number  
Bar Code Label here☒ Firm or  
Individual Name

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- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number \_\_\_\_\_

This request is enclosed in triplicate (including any attachments).

Name

Mark Montague

Signature

Date

January 26, 2004

NOTE: Withdrawal is effective when approved rather than when received.  
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.